



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA SPINE HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Joanna Klavon

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Medicare Provider Number: NA

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$25977804
Outpatient Patient Service Revenue	\$2079140
Total Gross Patient Service Revenue	\$28056944

2. Deductions From Revenue

Contractual Allowance	\$0
Other Deductions	\$4632
Total Deductions	\$4632

3. Total Operating Revenue

Net Patient Service Revenue	\$28052312
Other Operating Revenue	\$124462
Total Operating Revenue	\$28176774

4. Operating Expenses

Salaries and Wages	\$2537947	Employee Benefits	\$657655
Depreciation and Amortization	\$651290	Interest Expense	\$211792
Bad Debt	\$0	Other Expenses	\$12705232
Total Operating Expenses	\$16763916		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11412858	Total Assets	\$2827773
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$4090198

Total Net Gains	\$11412858
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28052312	\$0	\$28052312
Total	\$28052312	\$0	\$28052312

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$13187	\$-13187
Hospital Patients	\$0	\$925	\$-925
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$30277	\$-30277
Other Allocations	\$0	\$0	\$0

Comments

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